10244

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 301

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md. — LENGTH OF STAY (In this place) 37 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 117 N. Conococheague St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Maryland
STREET ADDRESS (If rural, give location) 117 N Conococheague Street

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
|---|---|---|---|
| Milford | George | Anderson | Oct. 18 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | Aug. 28 1914 | 37 yrs. | 1 | 19 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Painter | Own Business | Williamsport Md. | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Milford George Anderson Sr. | Edith M. Zimmerman |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| Yes Yes | 216-07-1159 | Conococheague St. Mr. Cletus Anderson Williamsport Md. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause (a) | Gunshot Wound of Chest | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) | (22 Cal. Rifle) | |
| (c) | | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | Home | Williamsport | Washington | Md |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| As W Dittz | acting Deputy Med. Examiner | Hagerstown Md | 10/21/51 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Oct. 22 1951 | Greenlawn Cemetery | Williamsport Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Oct 21-1951 | C Lee McElroy | Albert L. Leaf | Williamsport Md. |

690-488

VS. A15A

RECEIVED
OCT 25 1951
BUREAU V. S.

10245

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Washington MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash. |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 6 wks. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital | STREET ADDRESS (If rural, give location) Willard St. |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) William | (Middle) H | (Last) Baker | 4. DATE OF DEATH | (Month) 10 | (Day) 25 | (Year) 1951 |
| 5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Jan. 24, 1867 | 9. AGE last birthday 84 yrs. | If under 1 year Months / Days | If under 24 hrs. Hours / Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) general work | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S. | | | | |
| 13. FATHER'S NAME William Baker Sr. | 14. MOTHER'S MAIDEN NAME Elizaberth Bartlett | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT AND ADDRESS Mrs. M.I. Mcfwigg 21 S. Potomac City | | | | | |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) arterio sclerotic heart disease with myocardial failure | 15 yrs + |
| 420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| 93d | (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Acute Cholecystitis | 2 days |

| | | |
|---|---|---|
| 19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) NW | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 27 Sept, 1951, to 25 Oct, 1951, that I last saw the deceased alive on 25 Oct, 1957, and that death occurred at 8 50 P m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| F F Lusky | | 230 N Potomac | 26 Oct 51 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Oct. 29, 1951 | NAME OF CEMETERY OR CREMATORY Rose Hill | LOCATION (City, town, or county) (State) Hagerstown Md. |
| DATE REC'D BY LOCAL REG. Oct. 27, 1951 | REGISTRAR'S SIGNATURE Chas H. Bowers | 24. FUNERAL DIRECTOR Fred T. Kraiss | ADDRESS Hagerstown, Md. |

970 VDD

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 30 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10246

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) Woodpoint Road R.F.D. 6

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) Joseph (Last) Bender

4. DATE OF DEATH: (Month) 10 (Day) 24 (Year) 19 51

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8-20-1880

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Gas Co.

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Mitchell Bender

14. MOTHER'S MAIDEN NAME: Hannah ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-09-2812

17. INFORMANT AND ADDRESS: Mr. James L French, Woodpoint R6

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 10 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Post Mortem Shock (Prostate Ca.) — 48 hrs

612 X
940

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, 19..., to 10/24, 1951, that I last saw the deceased alive on 10/24, 1951, and that death occurred at 6:04 m., from the causes and on the date stated above.

SIGNATURE Clark Young (Degree or title) ADDRESS Hagerstown DATE SIGNED 10/26/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 26, 1951 — NAME OF CEMETERY OR CREMATORY: Rest Haven — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Oct. 26 1951 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Adrian Rowland — ADDRESS: Clear Spring, Md.

970-VVV

RECEIVED
OCT 29 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10247

# CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro Md.
LENGTH OF STAY (in this place) 3½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nurseing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg Md.
STREET ADDRESS (If rural, give location) Sharpsburg Md.

3. NAME OF DECEASED (Type or Print) (First) Nora (Middle) Virginia (Last) Bowers
4. DATE OF DEATH (Month) Oct. (Day) 17 (Year) 1951
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct. 1 1870
9. AGE last birthday 81 yrs. If under 1 year Months Days 18 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Sharpsburg Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Samuel Drenner
14. MOTHER'S MAIDEN NAME Harriet Himes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS 710 Chestnut St. Mrs. Nora J Benner Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Haemorrhage | 7 days |
| 331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Generalized arterio sclerosis | 5 yrs |
| 83a | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1951, to Oct. 17, 1951, that I last saw the deceased alive on Oct. 17, 1951, and that death occurred at 10.45 A.M., from the causes and on the date stated above.

SIGNATURE G W Swan (Degree or title) M. D. ADDRESS Boonsboro DATE SIGNED 10/18/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 20 1951
NAME OF CEMETERY OR CREMATORY Mt. View Cemetery
LOCATION (City, town, or county) Sharpsburg Md. (State)
DATE REC'D BY LOCAL REG. October 19. 1951
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Edith V. Leaf ADDRESS Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 28 1931
BUREAU V. S.

Item 18 Film G137 11-6-51 ams

Dr. William Layman

10248

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Cty. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 531 Salem Ave.

3. NAME OF DECEASED (Type or Print) (First) Ralph (Middle) Zeigler (Last) Brewer

4. DATE OF DEATH (Month) Oct. (Day) 25, (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Mar. 29, 1889

9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Herald-Mail

11. BIRTHPLACE (State or foreign country) Welsh Run, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Brewer

14. MOTHER'S MAIDEN NAME Nellie Chritzman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-09-9099

17. INFORMANT AND ADDRESS Mrs. Ralph Brewer 531 Salem Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malignant Melanoma involving ~~[illegible]~~ right calf, ileum, iliac — INTERVAL BETWEEN ONSET AND DEATH 2 years

190 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

53

(c) Tumor of calf was primary site. (11-6-51 ams)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tumor right calf grossly resembling a mixed tumor — 24 years (Hist)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION (mixed tumor)

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 9, 1951, to Oct 25, 1951, that I last saw the deceased alive on Oct 24, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE W. J. Layman, M.D. (Degree or title) ADDRESS 5 Public Square Hagerstown, Md. DATE SIGNED Oct 26, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 10-27-1951

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. Oct. 26, 1951

REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman, Hagerstown, Md. ADDRESS

970-636

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 29 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 3322 ELMORA AVE

3. NAME OF DECEASED (Type or Print) (First) Sue (Middle) Rebecca (Last) Brown
4. DATE OF DEATH (Month) October (Day) 6 (Year) 1951

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH SEP. 22/[illegible]
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible] Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) BALTIMORE MD
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME WM. J. McCASLIN
14. MOTHER'S MAIDEN NAME [illegible] DOWNS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS W. L. BROWN 117 BRYAN PL. HAGERSTOWN MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Uremia | 2 wks. |
| 442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerotic Hypertensive Cardiac disease | 14 mos |
| | (c) Nephrosclerosis | 1 yr. |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2, 1951, to Oct 6, 1951, that I last saw the deceased alive on Oct 6, 1951, and that death occurred at 10 45 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William J. Stromberg M.D. ADDRESS Washington County Hosp. DATE SIGNED Hagerstown Md

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]
DATE THEREOF [illegible]
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) (State) BALTIMORE MD

DATE REC'D BY LOCAL REG. 10/9/51
REGISTRAR'S SIGNATURE [illegible] Hedrick
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible] Broadway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (In this place) one year 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodsboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mollie (Middle) Adell (Last) Burras

4. DATE OF DEATH (Month) Oct. (Day) 11 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH April 30, 1875
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James M. Beacht
14. MOTHER'S MAIDEN NAME Alice Keefer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk. (If yes, give war or dates of service)
16. SOCIAL SECURITY No. unk.
17. INFORMANT AND ADDRESS Hospital Record.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Squamous Cell Carcinoma of Breasts | ? |
| 170 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) arterio-sclerotic Heart Disease | 12 |
| | (c) Generalized Arterio-scleroses | ? |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2, 1950, to Oct. 11, 1951, that I last saw the deceased alive on Oct. 11, 1951, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

SIGNATURE Daniel Lai (Degree or title) M.D. ADDRESS Ritchie Hospital, Cascade, Md DATE SIGNED 10/11/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-15-51
NAME OF CEMETERY OR CREMATORY Mt. Hope
LOCATION (City, town, or county) Woodsboro Fred (State) Md

DATE REC'D BY LOCAL REG. 10/15/51
REGISTRAR'S SIGNATURE John R. [illegible]
24. FUNERAL DIRECTOR M. L. Creager & Son ADDRESS Thurmont, Md

Dep Local Registrar

Loaned V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md.
LENGTH OF STAY (in this place) 7 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg Maryland
STREET ADDRESS (If rural, give location) Sharpsburg Md.

3. NAME OF DECEASED (Type or Print) (First) Harriett (Middle) Ann (Last) Callaman

4. DATE OF DEATH (Month) Oct. (Day) 18 (Year) 1951

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Dec. 8 1895

9. AGE last birthday 55 yrs. If under 1 year Months 6 Days 9 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) High School Teacher

10b. KIND OF BUSINESS OR INDUSTRY Public School

11. BIRTHPLACE (State or foreign country) Sharpsburg Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Alexander Grey

14. MOTHER'S MAIDEN NAME Ida Coffee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Mr. Harry M Callaman Sharpsburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypergenous Leukemia

204.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

74a (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 17, 1951, to Oct. 18, 1951, that I last saw the deceased alive on Oct. 17, 1951, and that death occurred at 7.15 A m., from the causes and on the date stated above.

SIGNATURE G. W. Leban (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 10/19/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Oct. 21 1951

NAME OF CEMETERY OR CREMATORY Tolson Cemetery

LOCATION (City, town, or county) (State) Sharpsburg Md.

DATE REC'D BY LOCAL REG. Oct. 20, 1951

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Albert L. Leaf ADDRESS Williamsport Md.

OCT
BUREAU V. S.

Counter signed
Oct. 22 1951
J. Robert Wells, M.D.
DEPUTY MEDICAL EXAM.
WASH. CO., MD.

**MARYLAND STATE DEPARTMENT OF HEALTH**

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 mon.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 280 S. Potomac St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 280 S. Potomac St.

3. NAME OF DECEASED (Type or Print) (First) May (Middle) Emily (Last) Carper
4. DATE OF DEATH (Month) Oct. (Day) 20, (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 12, 1913
9. AGE last birthday 38 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Alice Porter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Wm. M. Carper 280 S. Potomac St. Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis - For Advanced. (Hiding)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Patient only seen once. Emaciated, feverish (c) + highly toxic. moribund.

INTERVAL BETWEEN ONSET AND DEATH Indefn.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 20, 1951, to Oct 20, 1951, that I last saw the deceased alive on Oct 20, 1951, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS 148 W. Wash St. Hagerstown Md. DATE SIGNED 10/21/51.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/23/51
NAME OF CEMETERY OR CREMATORY Westminster Cem.
LOCATION (City, town, or county) Carlisle (State) Penna.

DATE REC'D BY LOCAL REG. Oct. 21, 1951
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR W. T. Norment ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT 24 1951
BUREAU V. S.

Dr. Welty

53

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

| | |
|---|---|
| 1. PLACE OF DEATH — COUNTY: Washington — MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Pennsylvania — COUNTY: Franklin |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 6 Days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Waynesboro |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital | STREET ADDRESS (If rural, give location): Route #4 |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) HESTER | (Middle) A | (Last) CLINE | 4. DATE OF DEATH | (Month) October (Day) 31 (Year) 1951 |
| 5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single | 8. DATE OF BIRTH: 5/24/1916 | 9. AGE last birthday: 35 yrs. | If under 1 year: Months / Days; If under 24 hrs.: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Pennsylvania | 12. CITIZEN OF WHAT COUNTRY? US | | |
| 13. FATHER'S NAME: Charles Cline | 14. MOTHER'S MAIDEN NAME: Rhoda K. Adams | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY No.: None | 17. INFORMANT AND ADDRESS: Walter Y. Grove, Waynesboro, Penna. | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Embolism c̄ Left Hemiplegia — 10 days

410 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

92.6 (c) Rheumatic Heart Disease c̄ Mitral Stenosis [illegible] — 45 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |

| | | | | |
|---|---|---|---|---|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from 10-26, 1951, to 10-31, 1951, that I last saw the deceased alive on 10-31, 1951, and that death occurred at 10:11 P.M. from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Walter M. Welty | M.D. | Hagerstown, Md. | 11-1-51 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 11/3/51 | NAME OF CEMETERY OR CREMATORY: Bethel Cemetery | LOCATION (City, town, or county) (State): Washington Co. Maryland |
| DATE REC'D BY LOCAL REG.: Nov. 2 1951 | REGISTRAR'S SIGNATURE: Chas H. Bowers | 24. FUNERAL DIRECTOR: Andrew K. Coffman | ADDRESS: Hagerstown, Md |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

R[illegible]
N 5 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cascade
LENGTH OF STAY (in this place): 2 yrs 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bryans Road
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Hugh (Middle) Manley (Last) Cline
4. DATE OF DEATH: (Month) Oct. (Day) 17 (Year) 1951
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Dec. 18, 1865
9. AGE last birthday: 85 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Postmaster
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Henry Cline
14. MOTHER'S MAIDEN NAME: Margaret Henry Clay Long
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unk — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: unk
17. INFORMANT AND ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Emphysema — many yrs.

Antecedent cause(s) (b) Arterio-Sclerotic Heart Disease — many yrs.

42.0 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gen. Arterio-scleroses

43d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 17, 1949, to Oct. 17, 1951, that I last saw the deceased alive on Oct. 17, 1951, and that death occurred at 2:45 a.m., from the causes and on the date stated above.

SIGNATURE: Daniel Lai — (Degree or title): M.D. — ADDRESS: Ritchie Hospital, Cascade, Md. — DATE SIGNED: 10/17/51

23. BURIAL, ~~CREMATION REMOVAL~~ (Specify) — DATE: 10-19-51 — NAME OF CEMETERY OR CREMATORY: Congressional — LOCATION (City, town, or county): Washington — (State): DC

DATE REC'D BY LOCAL REG.: 10-17-51 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Hunt & Ryon — ADDRESS: Waldorf, Md.

John R. Cochran

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED U.S.
OCT

Dr. Hirshman

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1011 Potomac St. South

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 1011 Potomac St. South

3. NAME OF DECEASED (Type or Print) (First) LILLIE (Middle) BELLE (Last) COOK

4. DATE OF DEATH (Month) (Day) (Year) October 23 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 9/12/1876
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME William Shipe
14. MOTHER'S MAIDEN NAME Cornelia Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs Merle Feiser, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriolar nephrosclerosis. — INTERVAL BETWEEN ONSET AND DEATH 6 mo

441 × Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

131a (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1949, to Oct 23rd, 1951, that I last saw the deceased alive on Oct 22nd, 1951, and that death occurred at 12:40 P m., from the causes and on the date stated above.

SIGNATURE Philip J. Hirshman (Degree or title) MD ADDRESS Hagerstown Md DATE SIGNED 10/24/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/25/51
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. Oct 24, 1951
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

10256

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Washington MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (In this place) Life | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 220 North Potomac St. | STREET ADDRESS (If rural, give location) 220 North Potomac St. |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Richard | (Middle) Alfred | (Last) Cost | 4. DATE OF DEATH | (Month) Oct. | (Day) 30 | (Year) 1951 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH 8-16-1903 | 9. AGE last birthday 48 yrs. | If under 1 year Months 2 | Days 14 | If under 24 hrs Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Executive | 10b. KIND OF BUSINESS OR INDUSTRY Hag. Book & Print. Co. | 11. BIRTHPLACE (State or foreign country) Hagerstown, Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | |
| 13. FATHER'S NAME Harvey A. Cost | 14. MOTHER'S MAIDEN NAME Lillie M. Pry | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 214-09-7075 | 17. INFORMANT AND ADDRESS Francis H. Cost, Hagerstown, Md. | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 976X Immediate cause | (a) Gun[illegible] [illegible] [illegible] | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑ |
| 21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home | (CITY OR TOWN) Hagerstown (COUNTY) Wash. (STATE) Md. |
| TIME OF INJURY (Month) Oct. (Day) 30 (Year) 51 (Hour) 1 P.M. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Shot self |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells M.D. (Degree of Medical Exam) DEPUTY MEDICAL EXAM WASH. CO., MD. ADDRESS 115 N. Potomac St. Hagerstown, Md DATE SIGNED 10/31/51

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 11-2-1951 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) Hagerstown, Maryland (State) |
| DATE REC'D BY LOCAL REG. Nov. 2, 1951 | REGISTRAR'S SIGNATURE Ernest H. Bowers | 24. FUNERAL DIRECTOR C.M. Suter & Sons, Hagerstown, Maryland | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Items 3, 9 Filmed 11/14/51 ww

127

1957

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 303

| | |
|---|---|
| 1. PLACE OF DEATH COUNTY: WASHINGTON MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Penn. COUNTY: Franklin |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Big Spring, Md. LENGTH OF STAY (in this place): 2 yrs | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R. #1 Mercersburg, Pa. |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: | STREET ADDRESS (If rural, give location): |

3. NAME OF DECEASED (Type or Print): Annie (First) M. (Middle) Culler (Last)

4. DATE OF DEATH: Oct (Month) 31 (Day) 1951 (Year)

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Oct 31 June 18 1876

9. AGE last birthday: 75 yrs. If under 1 year: Months 4 Days 13 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Paper

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Hancock, Md. R. 2

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: John Shoemaker

14. MOTHER'S MAIDEN NAME: Hannah Starliper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Charles E. Culler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Hemorrhage | 4 days |
| 331X Antecedent cause(s) | (b) Arterio Sclerosis | 5 years |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 27, 1951, to Oct 31, 1951, that I last saw the deceased alive on Oct 30, 1951, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE: David R. Brewer (Degree or title) M.D. ADDRESS: Clear Spring Md. DATE SIGNED: 10/31/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: 11/3/51 NAME OF CEMETERY OR CREMATORY: Stone Church Cem. LOCATION (City, town, or county): Mercersburg, R.3 (State): Pa.

DATE REC'D BY LOCAL REG.: Nov 1/51 REGISTRAR'S SIGNATURE: Joseph W. Murray

24. FUNERAL DIRECTOR: M. Leininger ADDRESS: Mercersburg, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Counter signed
S. Robert Wells, M.D.
Oct. 8. 51
DEPUTY MEDICAL EXAM.
WASH. CO., MD.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chewsville
LENGTH OF STAY (in this place) 31 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hagerstown Rt. 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chewsville Md.
STREET ADDRESS (If rural, give location) Hagerstown Rt. 1

3. NAME OF DECEASED (Type or Print): (First) Fred (Middle) (Last) Cunningham

4. DATE OF DEATH: (Month) Oct. (Day) 5 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 10, 1882

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Near Broadfording Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John H. Cunningham

14. MOTHER'S MAIDEN NAME: Sarah M. Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. -----

17. INFORMANT AND ADDRESS: Mrs. Esta H. Cunningham Rt. 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion (Thrombosis) — Interval between onset and death: 15 min

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
94a (b)
(c) Anginal symptoms 4-23-51

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-23 ., 1951., to Only ., 19.., that I last saw the deceased alive on 4-23 ., 19 51, and that death occurred at 6:45 A. m., from the causes and on the date stated above.

SIGNATURE: Robert F. Kadle (Degree or title) MD ADDRESS 132 W. Wash St Hagerstown DATE SIGNED 10-6-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Oct. 8, 1951
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Oct. 8. 1951
REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son ADDRESS Hag. Md.

-165

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

OCT 1.
RECEIVED U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 305

VS. A15'

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY WASHINGTON; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOONS-BORO RURAL; LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS BOONSBORO MD. R.2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOONSBORO - RURAL
STREET ADDRESS (If rural, give location) BOONSBORO MD. R. 2

3. NAME OF DECEASED (Type or Print): (First) GRACE (Middle) MARIE (Last) DAGENHART

4. DATE OF DEATH (Month) (Day) (Year): OCTOBER - 20 - 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MARCH-8-1903

9. AGE last birthday: 48-7-12 yrs.
If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): BOONSBORO WASH. Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HIRAM SEPTIMUS HUTZELL

14. MOTHER'S MAIDEN NAME: LAURA VIRGINIA GROSS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO.

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: ERNEST DAGENHART BOONSBORO MD. R.1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cancerous Obstruction of small Intestine | 8 wks |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Secondary Melanotic carcinoma | 1 1/2 yrs |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1951, to Oct 20, 1951, that I last saw the deceased alive on Oct. 20, 1951, and that death occurred at 9.05A m., from the causes and on the date stated above.

SIGNATURE: W. W. Felton (Degree or title) M.D. ADDRESS: Boonsboro DATE SIGNED: 10/20/51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: OCT-23-1951 | NAME OF CEMETERY OR CREMATORY: BOONSBORO CEMETERY | LOCATION (City, town, or county) (State): BOONSBORO WASH. Co. MD.

DATE REC'D BY LOCAL REG.: Oct 23 1951 | REGISTRAR'S SIGNATURE: John H. Bast

24. FUNERAL DIRECTOR ADDRESS: WM. F. BAST AND SONS BOONSBORO MD.

OCT 25 1951

V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) Y.M.C.A.

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) Caldwell (Last) Drake
4. DATE OF DEATH (Month) Oct. (Day) 5 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 9-12-1879
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 24

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Owner
10b. KIND OF BUSINESS OR INDUSTRY Novelty Store
11. BIRTHPLACE (State or foreign country) Altoona, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David Sterrett Drake
14. MOTHER'S MAIDEN NAME Elizabeth Rohm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS Gretta M. Drake, Huntingdon, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adynamic Paralytic ileus

603X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ureteral obstruction

133 (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 5, 1951, to Oct 5, 1951, that I last saw the deceased alive on Oct 5 1951, and that death occurred at 7:29 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS Hagerstown. DATE SIGNED Nov 1

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 10-6-1951
NAME OF CEMETERY OR CREMATORY Riverview Cemetery
LOCATION (City, town, or county) (State) Huntingdon, Pa.

DATE REC'D BY LOCAL REG. Oct. 6, 1951
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR C.M.Suter & Sons, Hagerstown, Md. ADDRESS

RECEIVED
OCT 8 1951
BUREAU V. S.

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M

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 316

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Washington MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keedysville — LENGTH OF STAY (in this place) 21 yrs. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keedysville |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street | STREET ADDRESS (If rural, give location) Main Street |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Mary | (Middle) Etta | (Last) Drenner | 4. DATE OF DEATH | (Month) Oct. | (Day) 1, | (Year) 1951 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Oct.6,1874 | 9. AGE last birthday 76 yrs. | If under 1 year Months 11 | Days 25 | If under 24 hrs. Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (State or foreign country) Washington County,Md. | 12. CITIZEN OF WHAT COUNTRY? USA | | | | |
| 13. FATHER'S NAME Michael Knill | 14. MOTHER'S MAIDEN NAME Ellen Carty | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None | 16. SOCIAL SECURITY No. None | 17. INFORMANT AND ADDRESS Mr.Sherman Drenner;Keedysville,Md. | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause (a) | Decompensation of heart — | 10 mos |
| 422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | Chronic Myocarditis | 5 yrs |
| 93d (c) | | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |

| | | | | |
|---|---|---|---|---|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from Sept 10, 1951, to Oct 1, 1951, that I last saw the deceased alive on Oct 1, 1951, and that death occurred at 2.45 AM m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| G W Leaf | M.D. | Boonsboro | 10/4/51 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Oct.5,1951 | NAME OF CEMETERY OR CREMATORY Mt. View Cemetery | LOCATION (City, town, or county) (State) Sharpsburg,Maryland. |
| DATE REC'D BY LOCAL REG. Oct. 5, 1951 | REGISTRAR'S SIGNATURE B H Geeting | 24. FUNERAL DIRECTOR Edith V. Leaf; | ADDRESS Williamsport,Maryland |

VS. 415

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 8 1951
BUREAU M &

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cascade
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Elbert (Last) Drury

4. DATE OF DEATH (Month) Oct (Day) 20 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 5/30/1898
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph B Drury
14. MOTHER'S MAIDEN NAME Lillie M. Saunders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary thrombosis? | 5 min ± |
| 4 .1 Antecedent cause(s) | | |
| 94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paralysis agitans (Post-encephalitic)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 2, 1951, to Oct 20, 1951, that I last saw the deceased alive on Oct 19, 1951, and that death occurred at 11 45 P m., from the causes and on the date stated above.

SIGNATURE T. M. Arrington (Degree or title) M.D. ADDRESS Ritchie State Hospital DATE SIGNED 10/20/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 10-24-51
NAME OF CEMETERY OR CREMATORY Our Lady's Cem.
LOCATION (City, town, or county) Medley's Neck (State) Md.

DATE REC'D BY LOCAL REG. 10-23-51
REGISTRAR'S SIGNATURE ~~Comalier~~ John R. Cochran
24. FUNERAL DIRECTOR P. B. Robinson ADDRESS Leonardtown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore Dr Victor Miller

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 32 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 327 So. Locust St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 327 So Locust St

3. NAME OF DECEASED (Type or Print) (First) LEOLA (Middle) ARLENE (Last) DURBORAW

4. DATE OF DEATH (Month) (Day) (Year) 19 Oct 7 1951

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Feby 20 1879
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Downsville Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Daniel Hemphill
14. MOTHER'S MAIDEN NAME Susan Hammond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Gideon A. Durboraw

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH ? —

4221 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio-sclerosis — — ? —

93d (c) — —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION 0
20. AUTOPSY? Yes ☐ No ☐

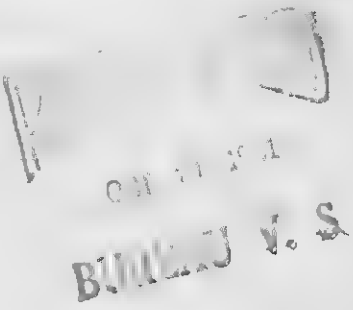
21. ACCIDENT SUICIDE HOMICIDE (Specify) 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) 0
TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from June 1, 1951, to 10/7, 1954, that I last saw the deceased alive on 10/8/, 1954, and that death occurred at 8-0 m., from the causes and on the date stated above.

SIGNATURE Victor D Miller (Degree or title) ADDRESS DATE SIGNED 10/8-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-9-51
NAME OF CEMETERY OR CREMATORY Bakersville Cemetery
LOCATION (City, town, or county) (State) Bakersville Md

DATE REC'D BY LOCAL REG. Oct. 9. 1951
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman Hagerston Md. ADDRESS



Dr. Robert Campbell

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 38 E. Antietam St.

3. NAME OF DECEASED (Type or Print) (First) Burrell (Middle) Olin (Last) Easterlin Sr.
4. DATE OF DEATH (Month) Oct. (Day) 25, (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Oct. 8, 1880
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Clerk
10b. KIND OF BUSINESS OR INDUSTRY Colonial Hotel
11. BIRTHPLACE (State or foreign country) Americus, Georgia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME No Record
14. MOTHER'S MAIDEN NAME No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 281-14-16103
17. INFORMANT AND ADDRESS Jack Easterlin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 109 Main St. Hot Springs, Arkansas

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Antemoscientic Heart Disease | 2 yr |
| 4200 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Generalized Artemoscarosis | 10 yr |
| 93d | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT. 12, 1951, to 10/25, 1951, that I last saw the deceased alive on 10/25, 1951, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

SIGNATURE Robert V. Campbell MD (Degree or title) ADDRESS Hagenstown, Md. DATE SIGNED 10/26/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/30/51
NAME OF CEMETERY OR CREMATORY Andersonville Memorial
LOCATION (City, town, or county) (State) Cem., Andersonville, GA.

DATE REC'D BY LOCAL REG. Oct. 26, 1951
REGISTRAR'S SIGNATURE Thos C. Lee M. Carey
24. FUNERAL DIRECTOR Andrew K. Coffman, Hagerstown, Md. ADDRESS

4 - 736

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

COPY SENT TO ~~LOCAL~~ County REGISTRAR No. ____ DATE 11/2/51

RECEIVED
NOV 2 1951
BUREAU V. S.

10265

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 303

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Washington MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY Franklin |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown — LENGTH OF STAY (in this place) 6 mo. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waynesboro |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Convalescent Home | STREET ADDRESS (If rural, give location) 344 South Potomac Street |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) John | (Middle) Peter | (Last) Eyler | 4. DATE OF DEATH | (Month) (Day) (Year) 10-26-51 19 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH Aug. 31, 1876 | 9. AGE last birthday 75 yrs. | If under 1 year Months / Days; If under 24 hrs. Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Own farm | 11. BIRTHPLACE (State or foreign country) Adams Co. Penna. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13. FATHER'S NAME Peter Eyler | 14. MOTHER'S MAIDEN NAME Jane Suman | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT AND ADDRESS Mrs. Kathryn Garner 344 S. Potomac Street Waynesboro | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pneumonia, hypostatic | 10 days |
| 443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Cerebral hemorrhage | |
| | (c) Hypertensive cardiovascular disease | Indef. |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ---------

| | | |
|---|---|---|
| 19a. DATE OF OPERATION -------- | 19b. MAJOR FINDINGS OF OPERATION ---------- | 20. AUTOPSY? [illegible] No ☐ |

| | | | | |
|---|---|---|---|---|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) ---------- | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---------- | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) ---------- m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? ------ | | |

22. I hereby certify that I attended the deceased from 10-17, 1951, to 10-26, 1951, that I last saw the deceased alive on 10-22, 1951, and that death occurred at 8:00 P.m., from the causes and on the date stated above.

SIGNATURE Robert F. Keadle (Degree or title) MD ADDRESS ROBERT F. KEADLE 132 W. WASHINGTON ST. WAYNESBORO, MARYLAND DATE SIGNED 10-26-51

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Oct. 29, 1951 | NAME OF CEMETERY OR CREMATORY Mt. View | LOCATION (city, town, or county) Emmitsburg, Md. (State) Frederick Co. |
| DATE REC'D BY LOCAL REG. Oct-28-1951 | REGISTRAR'S SIGNATURE M. F. Stuff LeRoy [illegible] (Tockler) | 24. FUNERAL DIRECTOR C. L. Allison | ADDRESS Emmitsburg Md |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

NOV 8 1951
BUFFALO N. Y.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr w D Campbell

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 3 Yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1031 Corbett St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 1031 Corbett St.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
|---|---|---|---|
| ARMINTA | KATE | FOX | Oct 11 1951 19 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months | Days | If under 24 hrs. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Married | Aug 23 1869 | 82 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | Own Home | Wingerton Pa. | U. S. A |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Henry Funk | Emma Trovinger |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No -- | None | Ezra Fox 1031 Corbett St |

18. MEDICAL CERTIFICATION Hagerstown Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 1 hr.

420.1 / 92d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Bronchitis - Cardio-Vascular Disease 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
|---|---|---|
| | | |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Oct 6, 1951, to Oct 11, 1951, that I last saw the deceased alive on Oct 1, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| W. D. Campbell | | Hagerstown Md. 145 N. Washington St | |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Oct 14 1951 | Rose Hill cemetery | Hagerstown Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Oct 14 1951 | [illegible] | Andrew K. Coffman | Hagerstown Md |

BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY [illegible] MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY [illegible] |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] LENGTH OF STAY (in this place) [illegible] | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 528 W. Franklin | STREET ADDRESS (If rural, give location) 528 W. Franklin |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) George | (Middle) [illegible] | (Last) Free | 4. DATE OF DEATH | (Month) 10 | (Day) 10 | (Year) 51 |
| 5. SEX Male | 6. COLOR OR RACE [illegible]ite | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH 9-11-1879 | 9. AGE last birthday 72 yrs. | If under 1 year Months 0 | Days [illegible] | If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible] | 10b. KIND OF BUSINESS OR INDUSTRY Railroad | 11. BIRTHPLACE (State or foreign country) Pennsylvania | 12. CITIZEN OF WHAT COUNTRY? [illegible] | | | | |
| 13. FATHER'S NAME Adam Free | 14. MOTHER'S MAIDEN NAME [illegible] Augusta | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. [illegible] | 17. INFORMANT AND ADDRESS [illegible] | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Carcinoma Oesophagus | 4-6 mo + |
| 150X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

| | | |
|---|---|---|
| 19a. DATE OF OPERATION 10 Sept 51 | 19b. MAJOR FINDINGS OF OPERATION Ca. Oesophagus. Jejunostomy Performed. | 20. AUTOPSY? Yes ☐ No ☒ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) No | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Sept 20, 19....., to 10/10, 1951, that I last saw the deceased alive on 8 Oct, 1951, and that death occurred at 12 01 m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| F F Lusby | 2300 Potomac | | 11 Oct 51 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) [illegible] | DATE THEREOF [illegible] | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION (City, town, or county) (State) [illegible] |
| DATE REC'D BY LOCAL REG. Oct. 12, 1951 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR [illegible] | ADDRESS [illegible] |

OCT
V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 60 E. Franklin St.

3. NAME OF DECEASED (Type or Print): (First) Carylle (Middle) Brooke (Last) Fundis
4. DATE OF DEATH: (Month) Oct. (Day) 17 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: May 31, 1932
9. AGE last birthday: 19 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: High School
11. BIRTHPLACE (State or foreign country): Friendsville Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George J. Fundis
14. MOTHER'S MAIDEN NAME: Gaynell Frantz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ----
17. INFORMANT AND ADDRESS: Mrs. R. Karl Shank Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myeloid Leukemia — Interval Between Onset and Death: 2 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 241 740 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 31, 1951, to Oct 17, 1951, that I last saw the deceased alive on Oct 17, 1951, and that death occurred at 5:31 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Richard T. Benford, M.D. 1135 Patton Ave, Hagerstown, Md. 10-18-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Oct. 20, -51
NAME OF CEMETERY OR CREMATORY: Blooming Rose
LOCATION (City, town, or county) (State): Friendsville Md.

DATE REC'D BY LOCAL REG.: Oct. 19, 1951
REGISTRAR'S SIGNATURE: Chas. H. Bowers
24. FUNERAL DIRECTOR: Scott F. Minnich & Son ADDRESS: Hag. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

11269

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

**1. PLACE OF DEATH**
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 44 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 647 W. Washington St

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 647 W. Washington St.

**3. NAME OF DECEASED** (Type or Print): (First) Urilla (Middle) Florence (Last) Gehr

**4. DATE OF DEATH**: (Month) 10 (Day) 25 (Year) 1951

**5. SEX**: Female

**6. COLOR OR RACE**: White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify): Widowed

**8. DATE OF BIRTH**: Aug. 23, 1868

**9. AGE last birthday**: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): House Wife

**10b. KIND OF BUSINESS OR INDUSTRY**: Own Home

**11. BIRTHPLACE** (State or foreign country): Maryland

**12. CITIZEN OF WHAT COUNTRY?**

**13. FATHER'S NAME**: Mentor P. Moore

**14. MOTHER'S MAIDEN NAME**: Rebecca Robinson

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): No

**16. SOCIAL SECURITY NO.**: -----

**17. INFORMANT AND ADDRESS**: G. M. Gehr Hag. Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Hypertensive Cardio-vascular disease | 10 yrs. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Cerebral Hemorrhage | 7 days. |
| | (c) Hemaplegia left | 7 days. |

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION** | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 19, 1951, to Oct. 25, 1951, that I last saw the deceased alive on 10/23, 1951, and that death occurred at 11 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Ernest F. Poole M.D. Physician | Hagerstown, Md. | 10/26/51

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial | DATE THEREOF: 10-28-51 | NAME OF CEMETERY OR CREMATORY: Luthern Cemetery | LOCATION (City, town, or county) (State): Clearspring Md.

DATE REC'D BY LOCAL REG.: Oct. 26 1951 | REGISTRAR'S SIGNATURE: Heath Bowers

**24. FUNERAL DIRECTOR**: Scott F. Minnich & Son | ADDRESS: Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
STREET ADDRESS (If rural, give location) Rt. 5

3. NAME OF DECEASED (Type or Print) (First) Dory (Middle) Good (Last)
4. DATE OF DEATH (Month) Oct. (Day) 1 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH June 1, 1868
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - farm owner
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Near Berryville Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Good
14. MOTHER'S MAIDEN NAME Rebecca Shank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. -----
17. INFORMANT AND ADDRESS Walter Good Rt. 5

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio - Vascular Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Shock following operation for [illegible]

(c) obstruction of bowel

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs. 9/17/51

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/14/51, 19....., to 10/1/51, 19....., that I last saw the deceased alive on 9/30/51, 19....., and that death occurred at 2:17 a m., from the causes and on the date stated above.

SIGNATURE: D. E. W. [illegible] (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 10/1/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 3, 1951
NAME OF CEMETERY OR CREMATORY Dunkard Cemetery
LOCATION (City, town, or county) (State) Broadfording Md.

DATE REC'D BY LOCAL REG. [illegible] 1951
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

10271

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Big Spring, Md. R D Rural
STREET ADDRESS (If rural, give location) Charlton Road

3. NAME OF DECEASED (Type or Print) (First) Carroll (Middle) Lee (Last) Grosh
4. DATE OF DEATH (Month) Oct. (Day) 22 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct. 18-51
9. AGE last birthday --- yrs. If under 1 year Months -- Days 3 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry E. Grosh
14. MOTHER'S MAIDEN NAME Lorraine V. Pyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Henry E. Grosh- Big Spring, Md. RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Esophogo tracheal Cyst — INTERVAL BETWEEN ONSET AND DEATH 3 1/2 days

7562 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital Deformity

157 m (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 18, 1951, to Oct 22, 1951, that I last saw the deceased alive on Oct 21, 1951, and that death occurred at 5.20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) David R Brewer M.D. ADDRESS Clear Spring Md. DATE SIGNED Oct 22, 1951

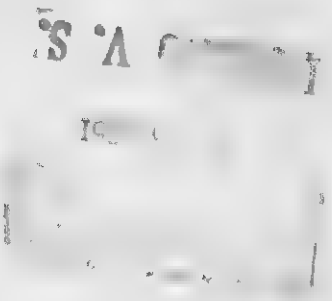
23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 23-51
NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery
LOCATION (City, town, or county) (State) Near Clear Spring, Md.

DATE REC'D BY LOCAL REG. Oct. 23, 1951
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Adriane H. Rowland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

Dr. Hornbaker.

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 45 Antietam St. East

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) LOUIS (Last) GRUBB SR
4. DATE OF DEATH: (Month) Oct. (Day) 11 (Year) 1951

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | 2/20/1890 | 61 yrs. | | | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Wholesale Hardware
11. BIRTHPLACE (State or foreign country): Lovettsville, Va.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph Grubb
14. MOTHER'S MAIDEN NAME: Sarah Fire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. 214-09-1361
17. INFORMANT AND ADDRESS: Mrs Mary Grubb, Hagerstown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Heart Failure
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Acute coronary occlusion
(c)

410.1
94a

INTERVAL BETWEEN ONSET AND DEATH: 12 days - 27 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☑ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-17, 1951, to 10-11, 1951, that I last saw the deceased alive on 10-11, 1951, and that death occurred at 11 a.m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| John H. Hornbaker Jr. M.D. | 134 W. Washington St Hagerstown, Md | 10-12-51 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 10/13/51 | Lovettsville Union Cem. | Lovettsville, Va. |

DATE REC'D BY LOCAL REG. 10-13-51 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR: Andrew K. Coffman | ADDRESS: Hagerstown, Md

1951
V. S.

Dr. Normen 97.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
STREET ADDRESS Route #2

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) LEE (Last) HAMBY

4. DATE OF DEATH: (Month) October (Day) 31 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Apr. 9, 1935

9. AGE last birthday: 16 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Orderly

10b. KIND OF BUSINESS OR INDUSTRY: Hospital

11. BIRTHPLACE (State or foreign country): Hagerstown, Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: David H. Hamby

14. MOTHER'S MAIDEN NAME: Lela Bartles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: 217-31-6339

17. INFORMANT AND ADDRESS: David H. Hamby

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Circulatory Collapse | 4 hours |
| 537X 121 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Paralytic Ileus | 1 day |
| | (c) Appendicitis | 5 days |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10/26/51

19b. MAJOR FINDINGS OF OPERATION: appendicitis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct 25, 1951, to Oct 31, 1951, that I last saw the deceased alive on Oct 31, 1951, and that death occurred at 1 [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J R Dyer MD Hagerstown Md 11/1/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11/3/51
NAME OF CEMETERY OR CREMATORY: Broadfording Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: Nov. 2, 1951
REGISTRAR'S SIGNATURE: Grace H. Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman
ADDRESS: Hagerstown, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5 19
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) ~~Washington County~~ Hosp.

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) Henderson
4. DATE OF DEATH (Month) 10 (Day) /10 (Year) 51
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 10/10/51
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 15 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hagerstown Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph Henderson
14. MOTHER'S MAIDEN NAME Thelma Henderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS 138 William Av. Thelma Henderson Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature Birth (6 mo.)

776 × Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10th, 1951 to Oct 10, 1951 that I last saw the deceased alive on Oct 10, 1951, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] MD
ADDRESS Hagerstown Md
DATE SIGNED 10/13/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-13-51
NAME OF CEMETERY OR CREMATORY Washington County Home
LOCATION (City, town, or county) (State) Hagerstown Maryland

DATE REC'D BY LOCAL REG. Oct. 13 1951
REGISTRAR'S SIGNATURE [signature] Hoovers
24. FUNERAL DIRECTOR John R Watson Jr.
ADDRESS Hagerstown Md.

1344 #321

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): Washington County Hospital

3. NAME OF DECEASED (Type or Print): (First) Carolyn (Middle) Joyce (Last) Henderson

4. DATE OF DEATH: (Month) October (Day) 23 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 10-13-1951

9. AGE last birthday: yrs. — If under 1 year: Months / Days: 13 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Henderson

14. MOTHER'S MAIDEN NAME: Thelma Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Thelma Henderson 138 William Ave. Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature Birth (6 mo.) — Interval Between Onset and Death: 3 days

776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10th, 1951 to Oct 23, 1951, that I last saw the deceased alive on Oct 23, 1951, and that death occurred at 6 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] MD — ADDRESS: Hagerstown Md — DATE SIGNED: 10-24-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10-24-1951 — NAME OF CEMETERY OR CREMATORY: Bellevue Cemetery — LOCATION (City, town, or county) (State): Hagerstown Maryland

DATE REC'D BY LOCAL REG.: Oct 24 1951 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR — ADDRESS: John R Watson Jr. Hagerstown Md.

10101

OCT 1931

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL CLEARSPRING
LENGTH OF STAY (in this place) 25 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS CLEARSPRING RT.#1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL CLEARSPRING
STREET ADDRESS (If rural, give location) CLEARSPRING RT.#1

3. NAME OF DECEASED (Type or Print) (First) THELMA (Middle) MAE (Last) HESSON
4. DATE OF DEATH (Month) OCTOBER (Day) 14 (Year) 1951
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 11/8/1906
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME CHARLES EDWARD KNEPPER
14. MOTHER'S MAIDEN NAME MARY EDNA FACKLER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT MR. HARRY R. HESSON CLEARSPRING RT.#1 MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible]

421.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

92d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION NO
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) ( died suddenly at home)
TIME OF INJURY (Month) (Day) (Year) (Hour) No m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells (Degree or title) M.D. ADDRESS DEPUTY MEDICAL EXAM. WASH. CO., MD. Hagerstown, Md. DATE SIGNED 10.15.51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/16/51
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REG. Oct. 15, 1951
REGISTRAR'S SIGNATURE Joseph W. Mumcey
24. FUNERAL DIRECTOR W. T. Norment ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wash.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) None Rural Near Hagerstown

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Hoffman

4. DATE OF DEATH: (Month) Oct. (Day) 12 (Year) 19 51

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept 25-1865-

9. AGE last birthday: 86 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tenant Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Tenant Farmer

11. BIRTHPLACE (State or foreign country): Frederick County Md

12. CITIZEN OF WHAT COUNTRY: U.S. Maryland

13. FATHER'S NAME: Samuel Hoffman

14. MOTHER'S MAIDEN NAME: Dont Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Charles Hoffman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) UREMIA - ACUTE | 2 WEEKS |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE | UNKNOWN |
| | (c) BENIGN PROSTATIC HYPERTROPHY | UNKNOWN |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. SENILITY — UNKNOWN

19a. DATE OF OPERATION: NO. 'E

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10/51, 19....., to 10/12/51, 19....., that I last saw the deceased alive on 10/10/51, 19 51, and that death occurred at 4:00 P. m., from the causes and on the date stated above.

SIGNATURE: [illegible] M.D. (Degree or title) ADDRESS: CLEAR SPRING MARYLAND DATE SIGNED: 10-13-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Oct 14-1951; NAME OF CEMETERY OR CREMATORY: Pleasant Valley; LOCATION (City, town, or county) (State): Pleasant Valley Near Smithsburg

DATE REC'D BY LOCAL REG.: Oct. 15, 1951; REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: George B. Hoover ADDRESS: Smithsburg, Md.

Dr. Wm. Layman

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10278

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 1114 Pope Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 1114 Pope Ave.

3. NAME OF DECEASED (Type or Print): (First) MYRTLE (Middle) JANE (Last) HOFFMAN

4. DATE OF DEATH: (Month) October (Day) 19 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 8, 1877

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Rudisill

14. MOTHER'S MAIDEN NAME: Kate Philips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 216-14-6284

17. INFORMANT AND ADDRESS: Mrs Catherine Cromer, Keedysville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Sarcomatosis — Interval Between Onset and Death: 3 mo.

199.1 55b

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Sarcoma, ? mm. left Ch. pathological fracture (April 1948) — 2 yrs 6 mo

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 2 yr 6 mo

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1948 to Oct 1, 1951, that I last saw the deceased alive on Oct 18, 1951, and that death occurred at 3:45 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. J. Layman, Mgr 53 Public Square Hagerstown Oct 20, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 10/22/51 | NAME OF CEMETERY OR CREMATORY: Smithsburg Cemetery | LOCATION (City, town, or county) (State): Smithsburg Maryland

DATE REC'D BY LOCAL REG.: Oct. 24, 1951 | REGISTRAR'S SIGNATURE: Ethel H. Bowers | 24. FUNERAL DIRECTOR: Andrew K. Coffman | ADDRESS: Hagerstown, Md

OCT 23 1 1
BUREAU V. S.

Film G137 Item 21 - 1-7-52 ams

10279

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Harpers Ferry
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Potomac River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY Jefferson
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Jerry (Middle) Lee (Last) Jackson

4. DATE OF DEATH (Month) Oct. 4, (Day) (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Nov. 11, 1936

9. AGE last birthday 17 yrs. If under 1 year Months 10 Days 23 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor

10b. KIND OF BUSINESS OR INDUSTRY Repair Gang

11. BIRTHPLACE (State or foreign country) Millville, West Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Benjamin Franklin Jackson

14. MOTHER'S MAIDEN NAME Amelia Forest Wise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY No. 236-50-2285

17. INFORMANT AND ADDRESS Mr. Ben F. Jackson Millville, West Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Accidental Drowning (Asphyxiation)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

850.8

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) River (CITY OR TOWN) see above (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 10-4-51 m.

INJURY OCCURRED While at Work ☒ Not While At work ☐

HOW DID INJURY OCCUR? While hauling stone in a boat, the boat leaked, the water got rough and while throwing stone out the boat sank.

22. I hereby certify that I attended the deceased from ....., 19....., to (1-7-52 - ...), 19..., that I last saw the deceased alive on ....., 19..., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Beachley M.D. Acting Medical Examiner ADDRESS Hagerstown, Md DATE SIGNED Oct. 5/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 10/6/51 NAME OF CEMETERY OR CREMATORY Lake Mill Cemetery LOCATION (City, town, or county) (State) Charles Town, West Va.

DATE REC'D BY LOCAL REG. 10/6/51 REGISTRAR'S SIGNATURE Cornelius W. Castle Deputy

24. FUNERAL DIRECTOR Melvin P. Strider ADDRESS Charles Town, West Va.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
OCT 8
BUREAU V. S.

Film G137 Item 21 - 1-7-52 ams

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH
COUNTY Marion, Ton — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Pt.) Anders re... — LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Potomac River

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE West Virginia — COUNTY Jef...rson
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrville
STREET ADDRESS (If rural, give location) ✓

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
|---|---|---|---|
| Ellard | Alden | Johnson | Oct. 4, 19 51 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Single | May 26, 1938 | 13 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| [illegible] | [illegible] | Harrville, West Virginia | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Ellis Alfred Johnson | Carrie Ellen Harder |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | [illegible] | Ellard A. Johnson Harrville, West Va. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental Drowning (Asphyxiation)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) 850.8 Fracture of skull
(c) 172 Laceration of brain

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| Accident | River | see above | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☒ | Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|
| 10-4-51 m. | | | While [illegible] in a boat, the boat [illegible] and while throwing [illegible] out the boat sank. (1-7-52 ams) |

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19..., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) Acting Medical Examiner — ADDRESS Hagerstown, Md. — DATE SIGNED Oct 5 '51

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 10/6/51 | Fairview Cemetery | Bolivar, West Va. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10/6/51 | Cornelius H. Castle Deputy | Melvin L. Strider | Charles Town, West Va. |

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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OCT 9 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

| | |
|---|---|
| 1. PLACE OF DEATH COUNTY: Washington MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Wash |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 68 yrs. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: 605 Washington Ave. | STREET ADDRESS (If rural, give location): 605 Washington Ave |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) Bessie (Middle) Mae (Last) Johnston | | | | 4. DATE OF DEATH (Month) October (Day) 18, (Year) 1951 | |
| 5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: Oct. 16-83 | 9. AGE last birthday: 68 yrs. | If under 1 year: Months / Days; If under 24 hrs.: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Forks Wire | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | | 11. BIRTHPLACE (State or foreign country): Hagerstown Md. | | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME: Charles W. Baechtel | | | 14. MOTHER'S MAIDEN NAME: Cena Izora Webb | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: ---- | | 17. INFORMANT AND ADDRESS: Mrs. Mary Herrmann Hag. Md. | | |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Arterio sclerotic heart disease | 2 years |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arterio sclerotic kidney | 2 years |
| | (c) Generalized arterio sclerosis | 2 years |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify): None | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from October 20, 1949, to October 18, 1951, that I last saw the deceased alive on October 18, 1951, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. B. Jouvent MD 119 E Antietam St Hagerstown, Md

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Oct 22, 1951 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county) (State): Hagerstown Md. |
| DATE REC'D BY LOCAL REG.: Oct. 20, 1951 | REGISTRAR'S SIGNATURE: Chas H Loevers | 24. FUNERAL DIRECTOR: Scott F. Minnich & Son | ADDRESS: Hag. Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 3 months or longer
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
STREET ADDRESS (If rural, give location) c/o Ritchie Hospital

3. NAME OF DECEASED (Type or Print) (First) George (Middle) ? (Last) King

4. DATE OF DEATH (Month) Oct. (Day) 8 (Year) 1951

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Feb. 2, 1891

9. AGE last birthday 60 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hospital attendant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Penna

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jacob King

14. MOTHER'S MAIDEN NAME Catherine ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. unk.

17. INFORMANT AND ADDRESS Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arterio-sclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1951, to Oct. 8, 1951, that I last saw the deceased alive on Oct. 8, 1951, and that death occurred at 5:15 a. m., from the causes and on the date stated above.

SIGNATURE Daniel Lai (Degree or title) M.D. ADDRESS Ritchie Hospital, Cascade, Md. DATE SIGNED 10/8/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 10/11/51 NAME OF CEMETERY OR CREMATORY Greenhill LOCATION (City, town, or county) Waynesboro Pa (State)

DATE REC'D BY LOCAL REG. 10/9/51 REGISTRAR'S SIGNATURE John [illegible] Local Reg. Registrar

24. FUNERAL DIRECTOR Walter J. Grove ADDRESS Waynesboro Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT 10 19..
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible] Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) [illegible] (Last) [illegible]
4. DATE OF DEATH: (Month) [illegible] (Day) [illegible] (Year) 19[illegible]1

5. SEX: [illegible]
6. COLOR OR RACE: [illegible]e
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH: [illegible]
9. AGE last birthday: [illegible] yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): [illegible]
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Isaac Trumpower
14. MOTHER'S MAIDEN NAME: Jessie Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: [illegible]-00-[illegible]2[illegible]
17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | Interval Between Onset and Death |
|---|---|---|---|
| Immediate cause | (a) | Generalized abdominal carcinomatosis | 1 yr. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | Squamous Carcinoma of Cervix | 2 yrs. |
| | (c) | | |

1/1X
450

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1951, to Oct. 31, 1951, that I last saw the deceased alive on Oct 31, 1951, and that death occurred at 4 31 p.m., from the causes and on the date stated above.

SIGNATURE: John A. Moran (Degree or title) M.D. ADDRESS 215 W. Washington St. Hagerstown, Md. DATE SIGNED 11/2/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 11-3-1951 | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. Nov 3 1951 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 32 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 31 N. Locust St.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Ellen | Blanche | Knadler | Oct. | 13 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Single | Feb. 9, 1871 | 80 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Practical Nurse | Nursing | Near Keedysville Md. | |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Mahlone Knadler | Annie Carr |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | — — — | Homer C. Grove Hag. Md. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Thrombosis c Hemiplegia | 1 day |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Diabetes Mellitus, mild | 5 years |
| | (c) Cerebral Arteriosclerosis | 3 years |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cystitis | 5 years

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 3-5, 1947 to 10-13, 1951, that I last saw the deceased alive on 10-13, 1951, and that death occurred at 7:30 a m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| [illegible] M.D. | Hagerstown, Md. | 11-15-51 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Oct. 15, 1951 | Fairview Cemetery | Keedysville Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Oct. 15, 1951 | Chas. H. Bowers | Scott F. Minnich & Son | Hag. Md. |

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OCT 1. 1951
BUREAU V. S

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlocks Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY Berkley
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Martinsburg Rt. 1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Emanuel (Middle) (Last) Lyon
4. DATE OF DEATH (Month) 10 (Day) 22 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct. 2, 1862
9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farm owner
10b. KIND OF BUSINESS OR INDUSTRY farming
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Benjamin Lyon
14. MOTHER'S MAIDEN NAME Jane Burgess
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Garlocks Nursing Home Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Arterio Sclerosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

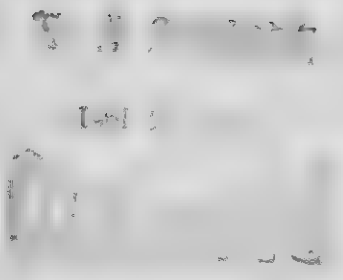
21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 21, 1951, to Oct 22, 1951, that I last saw the deceased alive on Oct 22, 1951 and that death occurred at 6:05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Beatty M.D. Hagerstown, Md. Oct 24

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 27, 1951
NAME OF CEMETERY OR CREMATORY Rest Haven
LOCATION (City, town, or county) Hagerstown, Md. (State)
DATE REC'D BY LOCAL REG. Oct. 23 1951
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Scott F. [illegible] & Son ADDRESS Hag. Md.



# STATE OF MARYLAND—CERTIFICATE OF DEATH

**1. PLACE OF DEATH**

County Washington Co. Registration Dist. No. 301

Village or City Williamsport No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. 1 mos. 6 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Mrs. Corinne Mason If U.S. Veteran specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe

4. COLOR OR RACE: Wh.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 13, 1863

7. AGE: Years 88 | Months 5 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Col. John James Riely

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lucy Taylor

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Williamsport Sanitarium Record (Address) 154 N. Artizan St.

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Charles Town Date Oct. 13, 1951

19. UNDERTAKER Melvin T. Stecher (Address) Charles Town W.Va.

20. FILED Oct 10, 1951 E. Lee McElroy Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** October (Month) 10 (Day) 1951 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1951, to Oct 10, 1951

I last saw her alive on Oct 10, 1951; death is said to have occurred on the date stated above, at 1 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis Chronic | not known |

Other Contributory Causes of Importance:

422.2

Name of operation Date of

What last confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [signature] M. D.

(Address) Williamsport Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

Dr. Ira Zimmerman.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

RECEIVED
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U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Maryland
STREET ADDRESS (If rural, give location) Williamsport Md.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Henry (Last) Mason
4. DATE OF DEATH (Month) Oct. (Day) 27 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 7 1882
9. AGE last birthday 69 yrs. If under 1 year Months 5 Days 19 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Breakman
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Marlowe West Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Carson Mason
14. MOTHER'S MAIDEN NAME Sarah Crawford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS Bernard E Mason Downsville Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Apoplexy

334X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 10 Days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/17/51 19....., to 10/27/51 19....., that I last saw the deceased alive on 10/27/51, 19..... , and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C. L. Young M.D. Williamsport Md 10/29/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 30 1951
NAME OF CEMETERY OR CREMATORY Allensville Cemetery
LOCATION (City, town, or county) (State) Allensville W. Va.
DATE REC'D BY LOCAL REG. Oct. 29, 1951
REGISTRAR'S SIGNATURE Nat H. Bowers
24. FUNERAL DIRECTOR ADDRESS Albert L. Leaf Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 303

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Wilson
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Virginia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington
STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print): (First) John (Middle) R. (Last) Mitchell

4. DATE OF DEATH: (Month) Oct. (Day) 14 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower

8. DATE OF BIRTH: May 22, 1872

9. AGE last birthday: 79 yrs. If under 1 year: Months 4 Days 22 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Cabinet Maker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Mitchell

14. MOTHER'S MAIDEN NAME: Wilmoth Amburke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Jos. E. Mitchell, Hagerstown Rt. #3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Arteriosclerosis & Mental Deterioration — 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) Arteriosclerosis, Generalized & Cerebral — 3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis — 3 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 19 48 to 10-14, 19 51, that I last saw the deceased alive on 10-14, 19 51, and that death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dalton M. Welty M. D. ADDRESS: Hagerstown, Maryland DATE SIGNED: 10-16-51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 10-15-51 — NAME OF CEMETERY OR CREMATORY: National Memorial Cem. — LOCATION (City, town, or county) (State): Arlington Co. Va.

DATE REC'D BY LOCAL REG.: Oct 16 1951 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR ADDRESS: C. L. Zeiter & Sons, Hagerstown, Md.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 307

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY [illegible]ton MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible]land COUNTY [illegible] |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]rstown — LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 1301 Salem Ave. | STREET ADDRESS (If rural, give location) 1301 Salem Ave., |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible] | | | | 4. DATE OF DEATH (Month) 10 (Day) [illegible] (Year) 19[illegible] | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible] | 8. DATE OF BIRTH 3-27-1865 | 9. AGE last birthday 86 yrs. | If under 1 year Months 2 Days 2 — If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible] | 10b. KIND OF BUSINESS OR INDUSTRY home | | 11. BIRTHPLACE (State or foreign country) Shady Bower | | 12. CITIZEN OF WHAT COUNTRY? [illegible] |
| 13. FATHER'S NAME Eli Henry Masters | | | 14. MOTHER'S MAIDEN NAME Catharine Alter | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. [illegible]e | | 17. INFORMANT AND ADDRESS [illegible]rs. [illegible]zel Petre 1301 Salem Ave City | | |

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause (a) | Paralysis agitans | Years |
| 250 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | | |
| 70 (c) | | |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

| | | |
|---|---|---|
| 19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 10-12, 1951, to 10-29, 1951, that I last saw the deceased alive on 10-24, 1951, and that death occurred at 12:20 P m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| [signature] | M.D. | Hagerstown, Maryland | Oct.31,1951 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 11-1-51 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Greencastle Pa. |
| DATE REC'D BY LOCAL REG. Oct. 31, 1951 | REGISTRAR'S SIGNATURE Chas. H. Bowers | 24. FUNERAL DIRECTOR [illegible] Hagerstown, Md. | ADDRESS |

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V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. 415

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md.
LENGTH OF STAY (in this place) 12 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural, give location) 45 Conococheague St.

3. NAME OF DECEASED (Type or Print) (First) Prudie (Middle) Rebecca (Last) Obitts
4. DATE OF DEATH (Month) Oct. (Day) 10 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec. 12 1878
9. AGE last birthday 72 yrs. If under 1 year Months 9 Days 27 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Williamsport Md RFD
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jeremiah Young
14. MOTHER'S MAIDEN NAME Caroline Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Williamsport Md. Mrs. Reardon McCardell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH 2½ Days

334 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19....., to 10/10/51, 19....., that I last saw the deceased alive on [illegible], 19....., and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 13 1951
NAME OF CEMETERY OR CREMATORY Riverview Cemetery
LOCATION (City, town, or county) (State) Williamsport Maryland

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Albert L. Leaf ADDRESS Williamsport Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Washington MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 7 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital | STREET ADDRESS (If rural, give location) 230 Summit Avenue |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) William | (Middle) Douglas | (Last) Palmer | 4. DATE OF DEATH | (Month) Oct. (Day) 25 (Year) 1951 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH Oct. 18-1951 | 9. AGE last birthday yrs. | If under 1 year Months / Days 7 — If under 24 hrs. Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Hagerstown, Maryland | 12. CITIZEN OF WHAT COUNTRY? | | |
| 13. FATHER'S NAME Donovan Leonard Palmer | | 14. MOTHER'S MAIDEN NAME Phyllis Hess | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Donovan L. Palmer, Hagerstown, Maryland | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause (a) | Meningitis (Colon bacillus) | 7 hours |
| 570.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | Peritonitis generalized (Colon bacillus) | approximately 3-4 days |
| 122 b (c) | Intestinal obstruction | 5 days |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION Oct 20, 1951 | 19b. MAJOR FINDINGS OF OPERATION Intestinal obstruction and adhesions | 20. AUTOPSY? Yes ☒ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Oct 18, 1951, to Oct 25, 1951, that I last saw the deceased alive on Oct 25, 1951, and that death occurred at 8:03 P.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| [illegible] Taymin, M.D. | | S Pallas Square, Hagerstown, Md. | Oct 26, 1951 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 10-27-1951 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) (State) Hagerstown, Maryland |
| DATE REC'D BY LOCAL REG. 10/30/51 | REGISTRAR'S SIGNATURE Chas H. Bowers | 24. FUNERAL DIRECTOR C.M. Suter & Sons, Hagerstown, Md. | ADDRESS |

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Item 4 FilmG136 10/15/51 ww

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 569

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY WASHINGTON; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SHARPSBURG; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS ON FARM

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY WASHINGTON; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KEEDYSVILLE; STREET ADDRESS (If rural, give location) MAIN ST.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| CLAYTON | W. | POFFENBERGER | Oct | 5 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months | Days | If under 24 hrs. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| MALE | WHITE | MARRIED | JANUARY 1, 1884 | 67-9-4 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| LABORER | FARM WORK | PARK HALL WASH. CO. MD. | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| SAMSON POFFENBERGER | SUSAN PALMER |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| NO | NONE | MRS. BERTHA POFFENBERGER KEEDYSVILLE MD |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart disease — Interval Between Onset and Death: 4 yrs (?)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

7.0 / 93.2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | m. | | |

22. I hereby certify that I attended the deceased from April 1, 1951, to Oct. 5, 1951, that I last saw the deceased alive on Oct. 1, 1951, and that death occurred at 12:15 P. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Walter H. Shaaby | M. D. | Shepherdstown, Md. | Oct. 6, 1951 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| BURIAL | Oct. 8-1951 | MOUNTAIN VIEW CEMETERY | SHARPSBURG MD. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10-6-51 | Ethel V. Riggle | WM. F. BAST AND SONS | BOONSBORO MD |

26

OCT 9 1951

Dr. Kneisley

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; LENGTH OF STAY (in this place): MARYLAND 35 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 17 East Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; STREET ADDRESS (If rural, give location): 17 East Ave.

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Roy (Last) Reeves

4. DATE OF DEATH: (Month) Oct. (Day) 27, (Year) 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 13, 1875

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mgr.

10b. KIND OF BUSINESS OR INDUSTRY: Dept. St

11. BIRTHPLACE (State or foreign country): Front Royal, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Reeves

14. MOTHER'S MAIDEN NAME: Margaret Singaus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 214-09-7095

17. INFORMANT AND ADDRESS: Mrs. Walter Reeves 17 East Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 30 mins.

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

93d. (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — — — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from —, 19—, to Oct 27, 1951, that I last saw the deceased alive on Oct 27, 1951, and that death occurred at 4:45 P. m., from the causes and on the date stated above.

SIGNATURE: B B Kneisley md (Degree or title) ADDRESS: 148 W. Wash. St. Hagerstown Md. DATE SIGNED: 10/29/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10-30-1951

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: Oct. 30 1951

REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman, Hagerstown, Md

ADDRESS:

RECEIVED
NOV 1 1951
BUREAU V. S.

Countersigned
A. Robert Wells M.D.
Oct. 8-51
DEPUTY MEDICAL EXAM.
WASH. CO., MD.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Conocheague

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown R D 2
STREET ADDRESS (If rural, give location) Conocheague

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Clarence H. Repp
4. DATE OF DEATH (Month) (Day) (Year) October 4 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 10-1877
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY General
11. BIRTHPLACE (State or foreign country) Wash. Co., Md.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME David Repp Wash. Co., Md.
14. MOTHER'S MAIDEN NAME Susan Thomas Wash. Co., Md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS W. M. Chaney- Hagerstown, Md. R D 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture of Skull
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of Cervical Spine
(c) Fracture both legs

812.5
OC

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 4/51 m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Struck by car.

22. I hereby certify that I attended the deceased from Oct 4, 1951, to Oct 4, 1951, that I last saw the deceased ~~alive~~ dead on Oct 4, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. S. Bradley M.D. ADDRESS Hagerstown, Md. DATE SIGNED Oct 6/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 8, 1951
NAME OF CEMETERY OR CREMATORY Blair's Valley Cemetery
LOCATION (City, town, or county) (State) Near Clear Spring Md

DATE REC'D BY LOCAL REG. Oct. 8. 1951
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Adrian W Rowland ADDRESS

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT 10 1951
U. S.

Dr. Bell

10290

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Cty. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 440 N. Prospect

3. NAME OF DECEASED (Type or Print) (First) Ada (Middle) May (Last) Rice
4. DATE OF DEATH (Month) Oct. (Day) 20 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH June 23, 1878
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Quincy, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George F. Bonebrake
14. MOTHER'S MAIDEN NAME Mary Elizabeth Carson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Frances Rice

18. MEDICAL CERTIFICATION 440 N. Prospect. St

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH Years.

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis.

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1940, to Oct. 20, 1951, that I last saw the deceased alive on Oct. 19, 1951, and that death occurred at 5:00 A. m., from the causes and on the date stated above.

SIGNATURE R. A. Bell (Degree or title) M.D. ADDRESS Hagerstown, Maryland. DATE SIGNED Oct. 20, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-22-1951
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. Oct. 21, 1951
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED
OCT 23 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10296

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 39 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 128 Wayside Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 128 Wayside Ave.

3. NAME OF DECEASED (Type or Print): (First) Oscar (Middle) Leslie (Last) Rife

4. DATE OF DEATH: (Month) Oct (Day) 30 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 20, 1884

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Martinsburg W.Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David Rife

14. MOTHER'S MAIDEN NAME: Rosie Whittington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-05-6564

17. INFORMANT AND ADDRESS: Mrs. Mary Rife Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Congestive Heart Failure | 10 yrs |
| 443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d | (b) Hypertension arteriosclerosis | 1 Year |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 20, 1951, to Oct 30, 1951, that I last saw the deceased alive on Oct 29, 1951, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. J. Layman, MD 5 Public Square Hagerstown, Md Nov 1, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11-2-51

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Nov. 1 1951

REGISTRAR'S SIGNATURE: Grace Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son ADDRESS: Hag. Md.

VS. A15

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BUREAU V. S.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WAHINGTON |
| CITY (If outside corporate limits, give nearest town) OR TOWN RURAL HAGERSTOWN — RURAL and LENGTH OF LIFE | CITY (If outside corporate limits, give nearest town) OR TOWN RURAL HAGERSTOWN — RURAL and give nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS HAGERSTOWN RT.#6 | STREET ADDRESS HAGERSTOWN RT.#6 (If rural, give location) |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) AMOS (Middle) HORST (Last) RISSER | | | 4. DATE OF DEATH (Month) OCTOBER (Day) 3 (Year) 1951 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED | 8. DATE OF BIRTH 10/6/1922 | 9. AGE last birthday 28 yrs. If under 1 year Months Days If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | 10b. KIND OF BUSINESS OR INDUSTRY OWN FARM | 11. BIRTHPLACE (State or foreign country) MARYLAND | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13. FATHER'S NAME JACOB RISSER | | 14. MOTHER'S MAIDEN NAME ANNA HORST | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT AND ADDRESS MRS. MARTHA RISSER HAGERSTOWN RT.#6 MD. | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Carcinome of stomach | 6 mo |
| 151 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| 46 | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from July 6, 1951, to Oct. 3, 1951, that I last saw the deceased alive on Oct 3, 1951, and that death occurred at 10:15 A m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Lloyd A. Hoffman | M.D. | 214 N. Potomac St. | Oct 5-51 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 10/6/51 | Reiff's Mennonite Cem. | Washington County Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Oct. 5. 1951 | [illegible] | W. T. Norment | Hagerstown, Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; MARYLAND; LENGTH OF STAY (in this place) 34 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 W. North Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Maryland; STREET ADDRESS (If rural, give location) 50 W. North Street

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Elizabeth (Last) Robinson

4. DATE OF DEATH: (Month) (Day) (Year) October 9 1951

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 10-1851

9. AGE last birthday: 100 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Jefferson County. W. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Smith

14. MOTHER'S MAIDEN NAME: Margaret Beamer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mrs. Bertie Yates 50 W. North St. Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis

420.0 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last 97.1

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to Oct. 8, 1951, that I last saw the deceased alive on Oct. 7, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10-12-1951

NAME OF CEMETERY OR CREMATORY: MT. Hope Cemetery

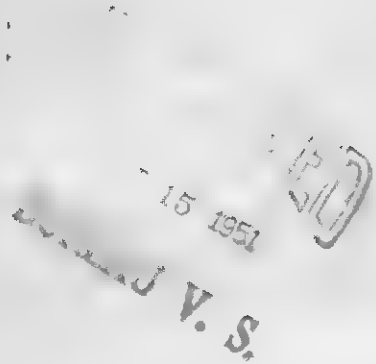
LOCATION (City, town, or county) (State): Martinsburg. W. Va.

DATE REC'D BY LOCAL REG.: Oct. 12, 1951

REGISTRAR'S SIGNATURE: Ghosh H. Bowers

24. FUNERAL DIRECTOR: John R Watson

ADDRESS: Hagerstown Md.


15 1951
V. S.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 301

| | |
|---|---|
| 1. PLACE OF DEATH — COUNTY Washington MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland COUNTY Washington |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport — LENGTH OF STAY (in this place) 19 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Sanitarium | STREET ADDRESS (If rural, give location) 107 Conocheague St. |

| | |
|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Emanuel (Last) Robinson | 4. DATE OF DEATH (Month) 10- (Day) 29- (Year) 1951 |
| 5. SEX Male — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower — 8. DATE OF BIRTH 6-19-88 — 9. AGE last birthday 63 yrs. — If under 1 year Months 4 Days 13 — If under 24 hrs. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman at Tannery — 10b. KIND OF BUSINESS OR INDUSTRY Tannery — 11. BIRTHPLACE (State or foreign country) Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13. FATHER'S NAME Henry Robinson | 14. MOTHER'S MAIDEN NAME Flora E. McCoy |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. 215-01-9897 | 17. INFORMANT AND ADDRESS Mrs. George Potts, Wmsport, Md. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause (a) | Gangrene, diabetes, left leg | 14 days. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | Arterio sclerosis generalized | 2 ma certain |
| (c) | Diabetes mellitus | 6 mo certain |

61

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ |

| | | | | |
|---|---|---|---|---|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from Sept 1, 1951, to Oct 25, 1951, that I last saw the deceased alive on Oct 28, 1951, and that death occurred at 6 14/17 m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| W. J. Layman, MD | | 5 Public Square Hagerstown, Md | Oct 30, 1951 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 10-31-51 | NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery | LOCATION (City, town, or county) (State) Williamsport, Md |
| DATE REC'D BY LOCAL REG. Oct 31-51 | REGISTRAR'S SIGNATURE E. Lee McElroy | 24. FUNERAL DIRECTOR Albert Leaf Williamsport, Md. | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

COPY SENT TO County LOCAL REGISTRAR No.____ DATE 11/2/51

RECEIVED
NOV 2 1951
BUREAU V. S.

(M)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN | LENGTH OF STAY (in this place) 6 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural, give location) 704 GUILFORD AVE.

3. NAME OF DECEASED (Type or Print): (First) LEVI (Middle) (Last) RUDISILL
4. DATE OF DEATH: (Month) OCTOBER (Day) 30 (Year) 1951

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| MALE | WHITE | WIDOWED | 2/11/1858 | 93 yrs. | | | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED BLACKSMITH
10b. KIND OF BUSINESS OR INDUSTRY: MACHINE SHOP
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: DAVID RUDISILL
14. MOTHER'S MAIDEN NAME: SARAH RIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS MRS. M.F. LONCE HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral thrombosis — 7 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral arterio-sclerosis — years

(c) Generalized arterio sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 23 1951, to October 30, 1951, that I last saw the deceased alive on October 30, 1951, and that death occurred at 3:15 P m., from the causes and on the date stated above.

SIGNATURE (M.D.) Norment MD (Degree or title) — ADDRESS 119 E Antietam St Hagerstown Md — DATE SIGNED

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | 11/2/51 | Mt. Olivet Cem. | Hanover | Penna |

DATE REC'D BY LOCAL REG. Nov 2, 1951 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR D. J. Norment, Hagerstown Md — ADDRESS

RECEIVED
NOV 1[illegible] 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 304

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 mile west Hancock, Md on Route #40 (Office)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR East Toledo
STREET ADDRESS (If rural, give location) 232 Gardner Ave.

3. NAME OF DECEASED (Type or Print) (First) Harold (Middle) E. (Last) Seelman
4. DATE OF DEATH (Month) October (Day) 24 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 5-11-1927
9. AGE last birthday 24 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) Ohio Lucas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Harold Seelman Sr.
14. MOTHER'S MAIDEN NAME Pearl [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 272-22-3995
17. INFORMANT Warren Clegg 52 West Broadway Ended at Greenwood Toledo Ohio

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

82 Immediate cause (a) Fractured skull (closed) — 5 Min.

170 e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway R#40 | (CITY OR TOWN) 1 mile west Hancock (COUNTY) Wash. (STATE) Md
TIME OF INJURY (Month) Oct. (Day) 24 (Year) 1951 (Hour) 5:15 A.M. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Coming around curve and sideswiped telephone pole

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells, M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD. ADDRESS 115 N. Potomac Hagerstown, Md DATE SIGNED 10/24/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Oct. 27-51 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) Toledo (State) Ohio

DATE REC'D BY LOCAL REG. Oct 27, 1951 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible] Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

Item 4 FilmG137 1/7/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 300

1. PLACE OF DEATH: COUNTY Washington Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Route #1 Sharpsburg Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Route #1 Sharpsburg Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Orloff (Middle) Braden (Last) Shade
4. DATE OF DEATH (Month) Oct. (Day) 10 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 10/11/1872
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Christopher Shade
14. MOTHER'S MAIDEN NAME Mary Ross
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Erma Shade

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause (a) | Pneumonia, hypostatic | 9 days |
| 420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | Cerebral thrombosis c̄ hemiplegia | 4 months |
| 13d (c) | Arteriosclerotic heart disease with hypertension | 6 years |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1951, to Oct 9, 1951, that I last saw the deceased alive on Oct 9, 1951, and that death occurred at 5 a m., from the causes and on the date stated above.

SIGNATURE C M Luce MD (Degree or title) ADDRESS Shepherdstown, West Va DATE SIGNED 10/10/51

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 10/10/51
NAME OF CEMETERY OR CREMATORY Norbourne Cemetery Martinsburg W Va
LOCATION (City, town, or county) Martinsburg W Va (State)
DATE REC'D BY LOCAL REG. 10/12/51
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Kogelschatz & Coffman ADDRESS Martinsburg, W. Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
STREET ADDRESS (If rural, give location) Rural Hagerstown Route #6

3. NAME OF DECEASED (Type or Print) (First) Cornelia (Middle) Elizabeth (Last) Shank

4. DATE OF DEATH (Month) October (Day) 3 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH September 21 1862
9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Franklin Co. Penna
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Adam Miller
14. MOTHER'S MAIDEN NAME Elizabeth Wolfel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT Mr. Isaac Shank Route #6 Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| Immediate cause | (a) | Cerebral Hemorrhage | one week |
| 331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | General arterial sclerosis | 10 yrs |
| 83a | (c) | | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-27, 19 , to 10-3, 1951, that I last saw the deceased alive on 10-3-51, 19 , and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE Dr. E W Ditto (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 10/4/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF October 6, 1951
NAME OF CEMETERY OR CREMATORY Cedar Hill cemetery
LOCATION (City, town, or county) Greencastle (State) Penna

DATE REC'D BY LOCAL REG. Oct. 4. 1951
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Harold M. Zimmerman ADDRESS Greencastle Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 8 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death plainly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 312

1. PLACE OF DEATH
COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
MARYLAND
LENGTH OF STAY (in this place): 6 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASH. Co. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MT. LENA - RURAL
STREET ADDRESS (If rural, give location): BOONSBORO MD. R.2

3. NAME OF DECEASED (Type or Print): (First) LESTER (Middle) W (Last) SMITH.

4. DATE OF DEATH (Month) (Day) (Year): OCTOBER-11 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MARCH-1-1896

9. AGE last birthday: 55-7-10 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: POTOMAC EDISON Co.

11. BIRTHPLACE (State or foreign country): MT LENA WASH. Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EDWARD SMITH.

14. MOTHER'S MAIDEN NAME: FANNIE ARNOLD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 214-10-4652

17. INFORMANT AND ADDRESS: MRS. ELLA SMITH BOONSBORO MD. R 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Coronary Thrombosis.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): 420.1 11a

(c):

INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 25, 1951, to Oct. 11, 1951, that I last saw the deceased alive on Oct 11, 1951, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. W. Lellar M.D. ADDRESS: Boonsboro DATE SIGNED: 10/17/51

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: Oct. 14-1951
NAME OF CEMETERY OR CREMATORY: MT. LENA CEMETERY
LOCATION (City, town, or county) (State): MT. LENA WASH Co. MD.

DATE REC'D BY LOCAL REG.: Oct 20 1951
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: WM. F. BAST AND SONS ADDRESS: BOONSBORO MD.

OC. 15
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 110 S. Baltimore St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 110 S. Baltimore St.

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH | (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|---|
| | Lillie | Rebecca | Stover | | 10 | 21 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| female | White | married | 12-12-1890 | 57 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| housewife | home | Pennsylvania | U.S. |

13. FATHER'S NAME: John R. Bicer
14. MOTHER'S MAIDEN NAME: Anna Riddel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Robert Stover 11[illegible] S. [illegible]lto. St. City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) acute cerebral hemorrhage | [illegible] |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) [illegible] | |
| | (c) diabetes [illegible] | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): No — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19....., to [illegible], 19....., that I last saw the deceased alive on [illegible], 19....., and that death occurred at 11:40 P.m., from the causes and on the date stated above.

SIGNATURE: S. Robert Wells MD, (Degree or title) — ADDRESS: 115 N. Potomac St. Hagerstown, Md. — DATE SIGNED: Oct. 23 1951

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| [illegible] | 10-[illegible]-51 | [illegible] Cemetery | [illegible]ton | Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10/24/51 | Chas H. Bowers | [illegible] Funeral Home | Hagerstown, Md. |

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
LENGTH OF STAY (in this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ELSIE (Middle) A (Last) STRINE
4. DATE OF DEATH (Month) Oct. (Day) 11 (Year) 1951
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 19, 1878
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jacob Dinterman
14. MOTHER'S MAIDEN NAME Ellen Kunkle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. 214-10-5762-B
17. INFORMANT Mr. Russell Strine

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 5 yrs.

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

97 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1951, to Oct. 10, 1951, that I last saw the deceased alive on Oct 9, 1951, and that death occurred at 1:30 A.M. m., from the causes and on the date stated above.

SIGNATURE G W Way (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 10/12/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 14, 1951
NAME OF CEMETERY OR CREMATORY Mt. Hope
LOCATION (City, town, or county) Woodsboro (State) Md
DATE REC'D BY LOCAL REG. Oct. 12 1951
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR T. C. Barton, Walkersville, ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DEC 16 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

10204

Reg. Dist. No. 307

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Weverton
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Weverton
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Harold (Middle) Arlie (Last) Taulton
4. DATE OF DEATH (Month) Oct. (Day) 20 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3-6-1899
9. AGE last birthday 52 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer owner
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Frank H. Taulton
14. MOTHER'S MAIDEN NAME Fannie Webber
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Catherine B. Taulton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) acute coronary occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c) acute strangulation of bowels in inguinal hernia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION No
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS Hagerstown, Md. DATE SIGNED Oct. 21 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-23-51
NAME OF CEMETERY OR CREMATORY Reformed
LOCATION (City, town, or county) Knoxville (State) Md.
DATE REC'D BY LOCAL REG. Oct 24-1951
REGISTRAR'S SIGNATURE Mrs Knoxville [illegible]
24. FUNERAL DIRECTOR C. H. Fuller Bro Brunswick
ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15A

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 207

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brownsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brownsville
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Ada (Middle) May (Last) Tritapoe

4. DATE OF DEATH: (Month) 10 (Day) 10 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-20-1871

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Cordell

14. MOTHER'S MAIDEN NAME: Mary Jane Shreave

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Inez I Smith Brownsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerosis

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

77 (c)

INTERVAL BETWEEN ONSET AND DEATH: Yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1951, to Oct 10, 1951, that I last saw the deceased alive on 10/6, 1951, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE? (Degree or title) ADDRESS Brunswick Md DATE SIGNED 10/11/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10-13-51 | NAME OF CEMETERY OR CREMATORY: Union | LOCATION (City, town, or county): Loretto (State): Virginia

DATE REC'D BY LOCAL REG. Oct. 11 1951 | REGISTRAR'S SIGNATURE: Mrs. Katherine Degenhart | 24. FUNERAL DIRECTOR: C. H. Feltz & Bro ADDRESS: Brunswick Md.

1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

| | |
|---|---|
| 1. PLACE OF DEATH COUNTY Washington MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Wash. |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) life | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 1710 Sherman Ave.. | STREET ADDRESS (If rural, give location) 1710 Sherman Ave. |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Annie | (Middle) Elizabeth | (Last) Trovinger | 4. DATE OF DEATH | (Month) 10 | (Day) 24 | (Year) 1951 |
| 5. SEX female | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH 8-21-1875 | 9. AGE last birthday 76 yrs. | If under 1 year Months / Days | If under 24 hrs. Hours / Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY own home | 11. BIRTHPLACE (State or foreign country) Hagerstown, Md. | 12. CITIZEN OF WHAT COUNTRY? | | | | |
| 13. FATHER'S NAME William Thomas | 14. MOTHER'S MAIDEN NAME Mary McDade | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. - - | 17. INFORMANT AND ADDRESS Jacob Trovinger, Hagerstown, Md. | | | | | |

18. MEDICAL CERTIFICATION

| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Tuberculosis, Chr. Pulmonary | 3-4 yrs. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) advanced. | 7 days. |
| 13b | (c) | |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from —, 1947, to October 24 1951, that I last saw the deceased alive on October 24, 1951, and that death occurred at 7:00 P. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| [signature] | | 148 W. Washington St. Hagerstown, Md | 10/26/51 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| burial | 10-27-1951 | Smithsburg Cemetery | Smithsburg, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| Oct. 26, 1951 | Chas. H. Bowers | Scott F. Minnich & Son, Hagerstown |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

126

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Big Pool
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pectonville Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Big Pool
STREET ADDRESS (If rural, give location) Pectonville Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) James Henry Trumpower
4. DATE OF DEATH (Month) (Day) (Year) Oct. 26 1951 19
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 31, 1876
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Victor Products Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Solomon Trumpower
14. MOTHER'S MAIDEN NAME Martha McAllister
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 218024-2001
17. INFORMANT AND ADDRESS Mrs. Cealie E. Trumpower Big Pool, Md. R D 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Pulmonary tuberculosis, advanced with cavity | 2 years |
| X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) None | |
| | (c) | |

12 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary anemia, moderately severe — 1 year

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-24-49, 19....., to 10-26-51, 19....., that I last saw the deceased alive on 10-26-51, 19..... and that death occurred at 12:15 P.m., from the causes and on the date stated above.

SIGNATURE Cealie Robert Cohen (Degree or title) MD ADDRESS Clear Spring, Maryland DATE SIGNED 10-28-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 28-51
NAME OF CEMETERY OR CREMATORY Park Head Cemetery
LOCATION (City, town, or county) (State) Park Head Route 40

DATE REC'D BY LOCAL REG. Oct 28/51
REGISTRAR'S SIGNATURE Joseph W. Murray
24. FUNERAL DIRECTOR Adriane W. Rowland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

NOV 8 1921
LUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 27½ W Bethel Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 27½ W Bethel Street

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) Conder (Last) Watts

4. DATE OF DEATH: (Month) October (Day) 18 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-12-1875

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Housekeeper

11. BIRTHPLACE (State or foreign country): Hagerstown Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Wesley

14. MOTHER'S MAIDEN NAME: Jenney Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: William Young 27½ W Bethel St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible]

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

93.2 (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 11, 1950, to Oct., 1951, that I last saw the deceased alive on Oct 19, 1951, and that death occurred at 5 P.M. (Degree or title) m., from the causes and on the date stated above.

SIGNATURE: S. Robert Wells MD

ADDRESS 115 N. Potomac Hagerstown Md

DATE SIGNED 10-22-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10-22-1951

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown Maryland

DATE REC'D BY LOCAL REG.: Oct. 22, 1951

REGISTRAR'S SIGNATURE: Grant Towers

24. FUNERAL DIRECTOR: John R Watson Jr.

ADDRESS: Hagerstown Md.

OCT 24 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH: COUNTY Washington. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rual. Hancock.
LENGTH OF STAY (in this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. Hancock.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Harris (Last) Weller.
4. DATE OF DEATH (Month) 10 (Day) 12 (Year) 1951

5. SEX Male.
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.
8. DATE OF BIRTH July 26. 1894.
9. AGE last birthday 57. yrs. If under 1 year Months 4 Days 14 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer.
10b. KIND OF BUSINESS OR INDUSTRY Fruit Orcheds.
11. BIRTHPLACE (State or foreign country) Hancock, Md
12. CITIZEN OF WHAT COUNTRY? Usa.

13. FATHER'S NAME Lee A Weller.
14. MOTHER'S MAIDEN NAME Hester A Younker.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World I.
16. SOCIAL SECURITY NO. 220-07-7866.
17. INFORMANT AND ADDRESS Mrs Mary C Willer. Hancock. R.F.D.I.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hodgkins Disease — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

301X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

442

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1951, to Oct 12, 1951, that I last saw the deceased alive on Oct 12, 1951, and that death occurred at 9 p m., from the causes and on the date stated above.

SIGNATURE H. E. Tabler (Degree or title) MD ADDRESS Hancock Md DATE SIGNED 10/13/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 14. 1951.
NAME OF CEMETERY OR CREMATORY Stone Bridge.
LOCATION (City, town, or county) Hancock, R.F.D.I. (State) Md.

DATE REC'D BY LOCAL REG. 10/13/51
REGISTRAR'S SIGNATURE J A Weller
24. FUNERAL DIRECTOR Howard J. Grove ADDRESS Hancock Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[redacted]: please write the causes of death clearly and legibly.

VS. A15

BOUND V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 303

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Washington MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY Franklin |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown — LENGTH OF STAY (in this place) 4½ mos. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Waynesboro |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Convalescent Home | STREET ADDRESS (If rural give location) R.F.D. # 1 ✓ |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) DAVID (Middle) B. (Last) WILHIDE | | | 4. DATE OF DEATH (Month) Oct. (Day) 15 (Year) 1951 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH 2/26/1872 | 9. AGE last birthday 79 yrs. | If under 1 year Months / Days / If under 24 hrs. Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Tenant | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (State or foreign country) Lantz, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13. FATHER'S NAME Arnold Wilhide | | 14. MOTHER'S MAIDEN NAME Isabelle Willhide | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. 198-22-8247 | 17. INFORMANT Benjamin Wilhide RFD # 1 Waynesboro, Pa. | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral haemorrhage | 36 hours |
| Antecedent cause(s) | | |
| 443x | (b) Hypertension [illegible] | unknown |
| 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Oct 14, 1951, to Oct 15, 1951, that I last saw the deceased alive on Oct 14, 1951, and that death occurred at 6:55 P m., from the causes and on the date stated above.

SIGNATURE W. [illegible] (Degree or title) ADDRESS 3 [illegible] Waynesboro, Pa. DATE SIGNED Oct 15, 1951

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 10/18/51 | NAME OF CEMETERY OR CREMATORY U.B. Cemetery | LOCATION (City, town, or county) Thurmont (State) Md. |
| DATE REC'D BY LOCAL REG. Oct. 16, 1951 | REGISTRAR'S SIGNATURE Lewy M. Frakler Deputy | 24. FUNERAL DIRECTOR G. Marlin Coe | ADDRESS Waynesboro, Penna. |

10314

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 40 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 145 W. Church Street.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Maryland
STREET ADDRESS (If rural, give location) 145 W. Church Street.

3. NAME OF DECEASED (Type or Print) (First) Abbie (Middle) (Last) William
4. DATE OF DEATH (Month) October (Day) 7 (Year) 1951

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH July 19-1895
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Servant
10b. KIND OF BUSINESS OR INDUSTRY Private family
11. BIRTHPLACE (State or foreign country) Beaver Creek Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Fawler
14. MOTHER'S MAIDEN NAME Margaret James

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS 145 W. Church St. Miss Mary J. Fawler Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Abdominal carcinomatosis | 3 mo |
| 171X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Carcinoma Cervix Uteri | 14 1/2 mo certain |
| 48a | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Disease — 14 1/2 mo certain

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1950, to Oct 7, 1951, that I last saw the deceased alive on Oct 1, 1951, and that death occurred at 10 45P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. J. Seymour, M.D. 5 Public Square Hagerstown Oct 8, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-11-1951
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Maryland

DATE REC'D BY LOCAL REG. Oct. 11. 51
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR John R Watson Jr. ADDRESS Hagerstown.

720-826

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 15 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10315

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 1 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) Virginia (Last) Wireman
4. DATE OF DEATH: (Month) Oct (Day) 2 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr 1- 1886
9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Millard Burrier
14. MOTHER'S MAIDEN NAME: Sallie Scott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Anna Burrier 646 N. Potomac St Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) carcinomatosis — June 1951

154x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 116d (b) Carcinoma of Rectum primary — " 1951

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION: None — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1951, to Oct. 2, 1951, that I last saw the deceased alive on Oct. 1, 1951, and that death occurred at 9:05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
W. Howard Yeager M. D. — Hagerstown Maryland — Oct. 2 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct -1951 — NAME OF CEMETERY OR CREMATORY: U. B. Cemetery — LOCATION (City, town, or county): Thurmont — (State): Md

DATE REC'D BY LOCAL REG.: Oct 2 1951 — REGISTRAR'S SIGNATURE: Chas H Bowers — 24. FUNERAL DIRECTOR: M. L. Yeager — ADDRESS: Thurmont

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 4
BUREAU V. S.